



COVID-19 SYMPTOMS

1. Have you had any of the following symptoms during the past 14 days that cannot be attributed to another health condition or activity?

- **Fever 100.4 degrees or higher or feeling like you had a fever, OR**
- **Cough, OR**
- **Shortness of breath or difficulty breathing, OR**
- **Chills, OR**
- **Repeated shaking with chills, OR**
- **Sore throat, OR**
- **Headache, OR**
- **Muscle pain, OR**
- **New loss of taste or smell.**

2. Have you come into close contact with someone with suspected or lab-confirmed COVID-19 in the past 14 days?

Close contact is defined as being within approximately 6 feet of a suspected or lab-confirmed COVID-19 case for a prolonged period of time.